

# KENTUCKY CWSRF PROJECT QUESTIONNAIRE FORM

## Instructions for Completing the KY CWSRF Project Questionnaire Form

**PURPOSE:** The purpose of the questionnaire form is to gather information concerning potential projects eligible for funding from the CWSRF. This information will be used to evaluate projects to determine ranking criteria points and assign the project a numeric score.

1. **Applying Entity:** Give the name and address of the project applicant.
2. **Contact:** Give the name and phone number of a person that may be contacted concerning the proposed project.
3. **Project County:** The county or counties in which the proposed project is located.
4. **WRIS PNUM:** The project number for the WRIS (if known).
5. **Project Title:** The working title for this project.
6. **Project Description:** List the primary components of the project (e.g. size and length of sewer lines, size of treatment plant, type of treatment, elements of best management practices, etc.). Describe existing facilities that will be eliminated, replaced, or improved.
7. **Project Relevance:** Describe in specific detail the purpose of the project, how the project will improve water quality in the project area. Please explain as completely as possible. Reference any applicable programs or topics listed in Section II of the KY IPPRS document. The project explanation may weigh heavily toward project priority ranking.
8. **Compliance:** List the requested orders' involved parties, number, and date entered into.
9. **Project Location:** Maps should be 8 ½ "x 11" or 11" x 17" if easily read. Larger maps are acceptable if necessary to clearly show the project components and area.
10. **Project Costs and Funding Sources:** Give the estimated total cost of the project, and estimated CWSRF loan amount (may be different from estimated total cost of the project). Also list other funding sources if known.
- 11-14. Fill out all appropriate sections in each table. DOW staff (Groundwater Branch, Watershed Branch, Drinking Water Branch, KPDES Branch, Facilities Construction and Water Quality Branch) and websites can assist in finding this information. In addition, the local Area Development Districts may be able to assist.
- 15-18. Answer questions as completely as possible. Attach additional pages, reports, or other documentation that may support the responses.
19. **Please sign and date the Project Questionnaire Form and submit it to DOW no later than September 8, 2006.**

# KENTUCKY CWSRF PROJECT QUESTIONNAIRE FORM (CONTINUED)

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PROJECT #  
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## APPLICANT INFORMATION

1. APPLYING ENTITY:  
ADDRESS:
2. CONTACT NAME:  
CONTACT PHONE: (000) 000-0000 E-MAIL ADDRESS:

## PROJECT INFORMATION

3. PROJECT COUNTY: 4. WRIS PNUM:
5. PROJECT TITLE:
6. PROJECT DESCRIPTION:
7. PROJECT RELEVANCE. DESCRIBE IN SPECIFIC DETAIL HOW THE PROJECT WILL IMPROVE WATER QUALITY IN THE PROJECT AREA (PLEASE REFER TO THE KY IPPRS DOCUMENT):
8. COMPLIANCE. LIST ANY COURT ORDER, OR A JUDICIAL OR ADMINISTRATIVE CONSENT DECREE RELATED TO THE PROJECT. ATTACH A COPY OF THE ORDER OR DECREE.
9. PROJECT LOCATION. ATTACH A DETAILED MAP SHOWING THE PROJECT AREA AND THE LOCATION OF ALL EXISTING AND PROPOSED FACILITIES RELATED TO THE PROJECT. THIS MAP SHOULD INCLUDE ANY LANDMARKS, HIGHWAYS, STREAMS, ETC. THAT WOULD BE HELPFUL IN LOCATING THE PROJECT SITE. INCLUDE LAT/LONG COORDINATES OF THE PROJECT LOCATION OR DISCHARGE, IF KNOWN, ON THE MAP.
10. PROJECT COSTS AND FUNDING SOURCES.  
TOTAL PROJECT COST ESTIMATE \$ ESTIMATED CWSRF LOAN AMOUNT \$

LIST OTHER FUNDING SOURCES AND AMOUNTS (IF KNOWN)

	\$
	\$
	\$
	\$

11. IF THE PROJECT INVOLVES, DIRECTLY OR INDIRECTLY, ANY WASTEWATER FACILITIES, GIVE THE **KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM, KENTUCKY INTERMUNICIPAL OPERATING PERMIT, OR KENTUCKY NO DISCHARGE OPERATING PERMIT** NUMBER OF EACH FACILITY AND INDICATE IF IT WILL BE ELIMINATED BY THE PROJECT:

Name of Facility	Permit #	Eliminated By Project?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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## KENTUCKY CWSRF PROJECT QUESTIONNAIRE FORM (CONTINUED)

12. LIST EACH WATERBODY AND POLLUTANT SOURCE IDENTIFIED ON THE 305(B) OR 303(D) LISTS THAT WILL BE ADDRESSED BY THE PROJECT. INDICATE IF A TOTAL MAXIMUM DAILY LOAD (TMDL) FOR THIS POLLUTANT/WATERBODY COMBINATION HAS BEEN APPROVED: **CLICK ON:**

[HTTP://WWW.WATERSHEDS.KY.GOV/HOMEPAGE\\_REPOSITORY/WHAT+IS+THE+CONDITION+OF+YOUR+STREAM+OR+LAKE.HTM](http://www.watersheds.ky.gov/homepage_repository/What+is+the+condition+of+your+stream+or+lake.htm)

Name or HUC of Waterbody	Pollutant	Approved TMDL?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

13. LIST THE NAME AND/OR HYDROLOGIC UNIT CODE (HUC) IDENTIFIER OF EACH WATERSHED LOCATED IN THE PROJECT AREA: (SEE LIST OF STATE PRIORITY WATERSHEDS ON PAGE 7 OF THE INTEGRATED PROJECT PRIORITY LIST)

Name or HUC11 of Watershed	State Priority Watershed?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. LIST THE PWS NAME AND/OR PWSID OF EACH SOURCE WATER ASSESSMENT AND PROTECTION PLAN (SWAPP) ZONE OR WELLHEAD PROTECTION AREA (WHPA) LOCATED IN THE PROJECT AREA: **CLICK ON:**

[HTTP://MAP.NR.STATE.KY.US/WEBSITE/WATERSHEDSZ/VIEWER.HTM](http://map.nr.state.ky.us/website/watershedsz/viewer.htm)

PWS Name	PWSID	Zone
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

15. DESCRIBE HOW THE PROJECT WILL ADDRESS ANY CONTAMINANT SOURCES THAT ARE CAUSING OR MAY CAUSE A PWS TO USE HIGHER-THAN-CONVENTIONAL TREATMENT:
16. FOR PRIVATE WELLS AND WATERBODIES NOT LISTED ON THE 305(B) OR 303(D) LIST, DESCRIBE ANY PUBLIC HEALTH OR WATER QUALITY PROBLEM THAT THE PROJECT WILL CORRECT:
17. DESCRIBE HOW THE PROJECT WILL ELIMINATE EXISTING OR POTENTIAL SOURCES OF POLLUTION IN SENSITIVE GROUNDWATER AREAS: **CLICK ON:** [HTTP://KYGEONET.KY.GOV/KYWATERQUALITY/VIEWER.HTM](http://kygeonet.ky.gov/kywaterquality/viewer.htm) OR [HTTP://KYGEONET.KY.GOV/METADATAEXPLORER/](http://kygeonet.ky.gov/metadataexplorer/) TO DOWNLOAD GIS COVERAGES.
18. DESCRIBE HOW THE PROJECT MAY HAVE A POSITIVE EFFECT ON ANY SPECIAL USE WATERS: **CLICK ON:** [HTTP://WWW.WATER.KY.GOV/SW/SPECIALWATERS/](http://www.water.ky.gov/sw/specialwaters/)

19. SIGNATURE OF APPLICANT:

NAME

TITLE

ORGANIZATION NAME

DATE

RETURN TO: CWSRF COORDINATOR, KENTUCKY DIVISION OF WATER, 14 REILLY ROAD, FRANKFORT, KY 40601